

## Abstracts

A41

**OBJECTIVES:** To investigate the influence of the portion of medical expense (30% of total amount of medical cost) paid individually on physicians' attitude toward treatment for the patients with breast cancer in Japan. **METHODS:** A total of 165 physicians from board members of Japanese breast cancer society (363 physicians) completed self-report questionnaires. **RESULTS:** One hundred and forty-two out of 165 physicians (87.7%) were surgeons, which reflected peculiar circumstance; surgeons usually are involved in surgical treatment as well as chemotherapy in Japan. Seventy-seven physicians (48%) had an experience of having been asked by the patient for cheaper treatment because of excessive individual payment. One hundred and twenty physicians (74%) tried to select the treatment, giving greater importance on the cost individually paid by the patients. The difference between actual cost and the cost roughly estimated by the physicians was the greatest in the treatment using molecular targeting drugs (i.e. trastuzumab) and was smaller in hormone therapy as well as conventional chemotherapy. The rate of physicians unfamiliar with following national medical/welfare system in Japan was "refunding from social assessor" (12%, "interest free-loan by local government" (46%) and "tax reduction for medical expenses" (21%). The physicians supporting expansion of the portion of the medical expense uncovered by social insurance was three times greater than those negative for it. **CONCLUSION:** 1) About 60 percent of breast cancer specialists had keen senses on an economical side of the treatment especially on the portion of medical expense paid individually. 2) Excessive individual payment exerted an influence on continuing effective chemotherapy.

PCN26

#### CUTANEOUS CANCER TREATMENT AND COSTS IN GERMANY

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**OBJECTIVES:** Cutaneous cancer is a general term given to a range of skin tumours. Its severity is determined by the size and location of the primary tumour, and whether there are metastases. This study was designed to obtain a clear understanding of the current treatments and costs related to the clinical management of cutaneous cancer in Germany. This study was undertaken to be able to contrast the efficacy and health economic benefits of current care relative to emerging ablation technologies being developed. **METHODS:** A Care Map was developed to capture how patients with cutaneous cancer are treated in Germany from diagnosis through follow up. In this study, the focus was on treatment of tumours not larger than 20 cm<sup>2</sup>. Information in the public domain was supplemented with information gathered through expert interviews with six dermatologists. **RESULTS:** After diagnosis of cutaneous cancer, patients were mainly treated with Mohs surgery (32%), conventional surgery (30%), chemotherapy (14%) and radiotherapy (12%). Other treatments used include limb perfusion, phototherapy (e.g. PUVA), laser therapy, immunotherapy or combinations of these therapies. After first line treatment, more than 85% of patients are cleared of their cancer and are subsequently followed for recurrence of the tumour. Recurrent tumours are mainly treated with Mohs surgery (31%), conventional surgery (25%), or chemotherapy (22%). Severe adverse events are rare. The total average charge to the third party payer of first-line treatment is approximately €3540. For the second-line treatment the costs are approximately €3756. **CONCLUSIONS:** Current treatment of small cutaneous cancers varies depending upon the type of tumour. Mohs surgery, conventional surgery, chemotherapy and

radiotherapy are the main treatment options. First line treatment is very successful, with 85% of patients being cured. However, the 15% of patients with recurrences will need to undergo a second-line treatment, impacting the patient and health care system.

PCN27

#### ECONOMIC ANALYSIS OF BISPHOSPHONATES FROM THE PAYERS PERSPECTIVE IN BRAZIL

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**OBJECTIVES:** To evaluate the incidence of skeletal-related events (SREs) in cancer patients with bone metastasis, their incremental direct costs and measure the potential economic value of the use of bisphosphonates. **METHODS:** A retrospective analysis of medical provider's bills from 3,219 cancer patients (breast, prostate, lung, renal, multiple myeloma) for 24 private health care plans in Brazil was constructed and analyzed from the private payers' perspective. Patient population was divided into two groups: placebo (2,431 patients with no use of bisphosphonate) and bisphosphonate (787 patients treated with Zometa®, Aredia®, Ostac® or Bonefós®). The total health care utilization cost per patient per year was calculated as the sum of the average pharmaceutical cost (bisphosphonate cost plus the cost of infusion, outpatient day hospital, materials and other prescription drugs) and the average cost per patient in treating a SRE, considering the real incidence for each bisphosphonate. SREs were defined as pathological bone fracture, spinal cord compression, radiation therapy to bone, and surgery to bone. **RESULTS:** The incidence of clinical and surgical SREs was: Zometa® (15%; 1%), Aredia® (19%; 2%), Ostac®/Bonefós® (26%; 13%), placebo (37%; 5%). The cost per patient in treating a clinical SRE, in USD, ranged from \$58 to \$2744. The cost per patient in treating a surgical SRE ranged from \$610 to \$21,250 (patient who required surgery to bone). The average cost per patient in treating a clinical SRE was \$480 and in treating a surgical SRE was \$5445. The total health care utilization cost per patient per year was the lowest for Zometa® (\$2106) followed by Aredia® (\$2375), Ostac®/Bonefós® (\$2818) and placebo (\$2637). **CONCLUSION:** Among the bisphosphonates analyzed, Zometa® showed to be effective at preventing the skeletal-related events with the lowest total health care utilization cost.

PCN28

#### DOCUMENTATION OF PHARMACY COST IN THE PREPARATION OF CHEMOTHERAPY INFUSIONS IN ACADEMIC AND COMMUNITY-BASED ONCOLOGY PRACTICES

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**OBJECTIVES:** Significant changes in Medicare reimbursement for outpatient oncology services are included as part of the Medicare Modernization Act of 2003. The objective of this study was to identify the "true cost" associated with the drug-related handling for the preparation and delivery of chemotherapy doses. **METHODS:** Two academic medical outpatient infusion centers (Universities of Utah and Wisconsin) and two community cancer centers in the U.S. (Fairfax, Virginia and Montgomery, Alabama) provided data used to estimate all "fixed costs" associated with the preparation of chemotherapy including drug storage, space, insurance management, inventory and waste management, pharmacy staff payroll, equipment, supplies, information resources and shipping. These costs were annualized and then divided by the number of chemotherapy doses given at each site per year. A Time-and-Motion study was also performed